

11/30/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		9/6/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A. M	580	11-29-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|---|---------------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)..... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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